



CHRIS CHRISTIE  
GOVERNOR

KIM GUADAGNO  
LT. GOVERNOR

STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES

PO BOX 726  
TRENTON, NJ 08625-0726

Jennifer Velez  
COMMISSIONER

Dawn Apgar  
Deputy Commissioner  
TEL. (609) 631-2200

## Application for Eligibility

In accordance with the Revised Statute, State of New Jersey, Section 30:4-25.2, application is being made to the Commissioner of the Department of Human Services for a determination of eligibility for services provided through the Division of Developmental Disabilities (DDD) for:

Name: \_\_\_\_\_  
First Middle Last  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

By signing this application, I also am declaring that:

1. The Applicant, and/or his or her parent or legal guardian if Applicant is under 18, is a resident of New Jersey for other than temporary purpose and has expressed an intention to have his or her primary residence in the State in accordance with N.J.A.C. 10:46
2. This Application and all forms submitted along with it are completed as accurately as possible
3. I understand that I have the opportunity to appeal a determination of ineligibility in accordance with N.J.A.C. 10:48-1.1(j), and
4. I understand that if the Applicant is found eligible for DDD services and requests residential services, he/she will be required to provide all financial information in accordance with N.J.A.C. 10:46D before residential services will be provided.

This application is being made under R.S. 30:4-25.2 by virtue of the relationship to the Applicant indicated above:

\_\_\_\_ Self      \_\_\_\_ Parent      \_\_\_\_ Legal Guardian of minor (child)  
\_\_\_\_ Court having jurisdiction over a minor      \_\_\_\_ Legal Guardian of the person (adult)  
\_\_\_\_ Court of Competent Jurisdiction      \_\_\_\_ Agency with custody of and caring for a minor

Signature or Mark \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness (if mark): \_\_\_\_\_

Printed Name of Witness (if mark) \_\_\_\_\_

Title if Agency or Court representative: \_\_\_\_\_

**Do Not Write Below This Line – for DDD use only**  
\_\_\_\_ Eligible      \_\_\_\_ Case closed/insufficient information      \_\_\_\_ Not Eligible

\_\_\_\_\_  
DDD Representative Signature      Title/Discipline      Date